

Adopt Section 30-702 to read:

30-702 COUNTY QUALITY ASSURANCE AND QUALITY IMPROVEMENT 30-702

- .1 Effective July 1, 2005, each county shall establish a Quality Assurance (QA) unit or function which, at a minimum, will be required to perform the following tasks:
- .11 Develop and regularly review policies, implementation timelines, and instructions under which county QA and Quality Improvement (QI) programs will function.
- .12 Perform routine, scheduled reviews of supportive services cases which include reviewing a sample of case files or other documents.
- .121 The county shall define routine, scheduled reviews in their QA procedures.
- .122 The county's QA case sample shall:
- (a) Include cases from all district offices and all workers involved in the assessment process.
- (b) Include a minimum number of cases as determined by CDSS based on the county's caseload and QA staffing allocation.
- .123 If the county is unable to meet the requirements of Section 30-701.122, the county shall submit a written alternative proposal to CDSS outlining the reason as well as an alternative sample method. CDSS shall review the proposal and determine if it is acceptable for compliance with Section 30-701.122.
- .124 The county's routine, scheduled reviews shall consist of desk reviews and home visits.
- .125 The review process shall be a standardized process, including standard forms for completing desk reviews of cases and for completing home visits.
- (a) The desk reviews must include:
- (1) A sample of denied cases.
- (2) Validation of case file information by recipient contact using a sub-sample of cases.
- (3) A process to verify:
- (A) Required forms are present, completed, and contain appropriate signatures.

- (B) There is a dated Notice of Action in the case file for the current assessment period.
- (C) The need for each service and hours authorized is documented.
- (b) The county shall conduct home visits using a sub-sample of their desk reviews to confirm that the assessment is consistent with the recipient's needs for services and the applicable federal and state laws and policies have been followed in the assessment process. When conducting home visits the county shall:
 - (1) Notify the recipient prior to the home visit.
 - (2) Verify the recipient's identity.
 - (3) Verify the need for all IHSS service tasks, not just the task currently authorized.
 - (4) Verify all data on the G-Line of the SOC 293, which includes specific information that may impact the assessment of need.
 - (5) Verify the recipient understands which services have been authorized and the amount of time authorized for each.
 - (6) Discuss the recipient's health issues and physical limitations to assist in identifying the recipient's functional limitations.
 - (7) Discuss any changes in the recipient's condition or functional limitations since the last assessment.
 - (8) Discuss the quality of services provided by the county with the recipient, including addressing the recipient's awareness of, and the ability to, contact and communicate with his/her worker.
 - (9) Verify the recipient understands his/her ability to request a fair hearing.
 - (10) Ensure a completed back-up plan, that indicates the steps the recipient must take in the event of an emergency, is in the recipient's file and a copy has been provided to the recipient to use as a future resource.

.126 The county's QA review process shall also identify any optional county specific requirements.

- .127 When county QA staff is prevented from completing a review on a specific case, this information shall be conveyed to the appropriate staff and an alternative case shall be selected.
- .13 Develop procedures to report QA findings to county and State management and to ensure that deficiencies identified are appropriately reported and corrected.
- .131 The county's reporting procedures shall identify a standardized process for communicating results of routine, scheduled reviews to management, line staff, and the immediate supervisors of line staff. The process shall include:
- (a) A specified time frame for response to QA findings and a follow-up process.
 - (b) Protocols for identifying and responding to a need for immediate action.
 - (c) Measures to ensure that corrective actions address problems that are systemic in nature.
- .14 Review and respond to information provided as a result of data matches conducted by the State with other agencies that provide services to program recipients or State control agencies.
- .141 In performing data match activities, counties shall ensure that confidentiality requirements are adhered to.
- .15 Develop procedures to detect and prevent potential fraud by providers, recipients, and others, which include informing providers, recipients, and others that suspected fraud of supportive services can be reported by using the toll-free Medi-Cal fraud telephone hotline and/or internet web site.
- .16 Conduct appropriate follow-up of suspected fraud and seek recovery of any overpayments, as appropriate.
- .17 Identify potential sources of third-party liability and make appropriate referrals. Potential sources of third-party liability include but are not limited to:
- .171 Long-Term Care Insurance.
 - .172 Worker's Compensation Insurance.
 - .173 Victim Compensation Program Payments.
 - .174 Civil Judgments/Pending Litigations.
- .18 Conduct joint case review activities with State QA staff.

- .19 Develop a plan for and perform targeted QA/QI studies based on:
 - .191 Analysis of data acquired through the county's quality assurance program; or
 - .192 Analysis of data available through Case Management Information Payrolling System (CMIPS), county systems; or
 - .193 Other information, including but not limited to:
 - (a) Data from QA case review findings; or
 - (b) Input from Public Authorities and other consumer groups.
 - .194 The county shall submit a Quarterly Report of their QA/QI activities to CDSS on the SOC 824 Form fifteen days after the report Quarter ends, commencing with the report Quarter of October 1 through December 31, 2005.
- .2 Beginning July 1, 2005, each county shall develop and submit an annual QA/QI Plan to CDSS no later than June 1 of each subsequent year.
 - .21 The QA/QI Plan shall identify how the county will use the information gathered through QA activities to improve the quality of the IHSS program at the local level.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 12305.71, Welfare and Institutions Code.

Amend Section 30-760 to read:

30-760 RESPONSIBILITIES

30-760

.1 (Continued)

.11 (Continued)

.13 Cooperating with county fraud detection and prevention and quality assurance activities including case reviews and home visits.

.134 (Continued)

.145 (Continued)

.156 (Continued)

.167 (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

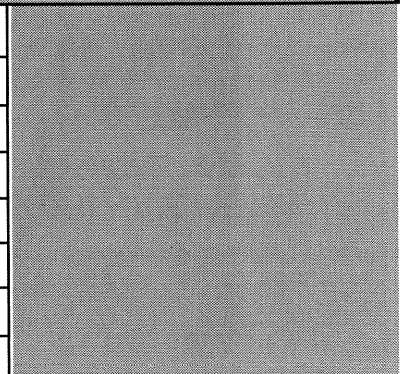
Reference: Sections 11102, 12301, 12305.71, and 14132.95, Welfare and Institutions Code.

In-Home Supportive Services Quarterly Report on Quality Assurance/Quality Improvement (QA/QI) For Personal Care Services Program (PCSP), IHSS Plus Waiver (IPW) And IHSS Residual (IHSS-R) Programs											
County:											
County Code:						Reporting Quarter:					
Name/Title of person completing report:											
Phone number:											
Date completed:											
Routine Scheduled Review of Supportive Services Cases											
1. Desk Reviews						PCSP		IPW		IHSS-R	
A.	Number of desk review cases with no further action required					1		2		3	
B.	Number of desk review cases requiring additional action					4		5		6	
C.	Number of desk review cases completed (Item 1a plus Item 1b)					7	0	8	0	9	0
2. Home Visits						PCSP		IPW		IHSS-R	
A.	Number of home visits with no further action required					10		11		12	
B.	Number of home visits requiring additional action					13		14		15	
C.	Number of home visits conducted (Item 2a plus item 2b)					16	0	17	0	18	0
3. Fraud Prevention/Detection and Over/Underpayment Activities						PCSP		IPW		IHSS-R	
A.	Number of cases identified through QA/QI activities requiring further county review					19		20		21	
B.	Number of Cases Identified Through QA/QI Activities Referred to Department of Health Services (DHS) for Investigation					22		23		24	
C.	Number of underpayment actions initiated as a result of QA/QI activities					25		25		27	
D.	Number of Nonfraud-related overpayments initiated as a result of QA/QI activities					28		29		30	
E.	Number of fraud-related overpayments initiated as a result of QA/QI activities					31		32		33	
F.	Other: (specify) _____										

4. Critical Events/Incidents Identified (Complete All That Apply)		PCSP	IPW	IHSS-R
A.	Number of Neglect Cases	34	35	36
B.	Number of Abuse Cases (physical, sexual, mental, financial, exploitation)	37	38	39
C.	Number of Provider "No Show" Cases That Pose a Threat to the Health and Safety of the Recipient			
D.	Number of "Harmful to Self" Cases	40	41	42
E.	Other Types of Critical Events/Incidents: (specify)	43	44	45
5. Actions Taken On Critical Events/Incidents Requiring a Response Within 24 Hours (Complete All That Apply)		PCSP	IPW	IHSS-R
A.	Adult Protective Services (APS) Referral	46	47	48
B.	Child Protective Services (CPS) Referral	49	50	51
C.	Law Enforcement Referral	52	53	54
D.	Public Authority (PA) Referral	55	56	57
E.	911 Call Center Referral	58	59	60
F.	Out-of-Home Placement Referral			
G.	Other: (specify) _____			
6. Targeted Reviews (Complete All That Apply)		PCSP	IPW	IHSS-R
A.	Timely Assessments	82	83	84
B.	Timely Reassessments			
C.	Provider Enrollment Form (SOC 426)	85	86	87
D.	Voluntary Services Form (SOC 450)	88	89	90
E.	Paramedical Services Form (SOC 321)	91	92	93
F.	Protective Supervision Medical Certification Form (SOC 821)	94	95	96
G.	Hours Exceed Guidelines	97	98	99
H.	Able and Available Spouse	##	101	102
I.	Proration Calculations	##	104	105
J.	Services For Children	##	107	108
K.	Over-300-Hours Report			
L.	Recipients Advised of Availability of Fingerprinting Information on Providers	##	110	111
M.	Other: (specify) _____			

7. Quality Improvement Efforts (Check All That Apply)

A. <input type="checkbox"/> Developed QA Tools/Forms and/or Instructional Materials
B. <input type="checkbox"/> Ensured Staff Attended IHSS Training Academy
C. <input type="checkbox"/> Offered County Training on Targeted Areas
D. <input type="checkbox"/> Established Improvement Committees
E. <input type="checkbox"/> Established Tools for QA/QI Fraud Prevention/Detection
F. <input type="checkbox"/> Conducted Corrective Action Updates (Attach A Brief Summary)
G. <input type="checkbox"/> Utilized Customer Satisfaction Surveys
H. <input type="checkbox"/> Other: (specify) _____



INSTRUCTIONS FOR COMPLETING SOC 824

COUNTY INFORMATION:

County – Enter county name.

County Code – Enter county number.

Reporting Quarter – Enter the calendar year reporting quarter (1st, 2nd, 3rd, or 4th).

Name/Title of Person Completing Report – Enter name/title of person completing report.

Telephone Number – Enter the telephone number of the person completing report.

Date Completed – Enter the date the report was completed.

SECTION I - Desk Reviews: Case files reviewed by county QA Staff for the quarter.

- 1A. **Number of Desk Review Cases With No Further Action Required** – For each program (PCSP, IPW, IHSS-R), enter the number of case files reviewed that did not require further action for the quarter. (i.e., file does not require follow up – documentation complete, forms filled out properly, no fraud or APS referrals, etc.).
- 1B. **Number of Desk Review Cases Requiring Additional Action** – For each program (PCSP, IPW, IHSS-R), enter the number of case files reviewed that required additional action to be taken for the quarter.
- 1C. **Number of Desk Review Cases Completed** – For each program (PCSP, IPW, & IHSS-R), enter the number of case files that were reviewed. (Item 1A plus item 1B)

SECTION 2 - Home Visits: Home visits conducted by county QA Staff for the quarter.

- 2A. **Number of Home Visits With No Further Action Required** – For each program (PCSP, IPW, IHSS-R), enter the number of home visits that did not require further action for the quarter. (i.e., file does not require follow up – documentation complete, forms filled out properly, no fraud or APS referrals, etc.).
- 2B. **Number of Visits Requiring Additional Action** – For each program (PCSP, IPW, IHSS-R), enter the number of home visits that required additional action for the quarter.
- 2C. **Number of Home Visits Conducted** – For each program (PCSP, IPW, and IHSS-R), enter the number of home visits conducted for the quarter. (Item 2A plus item 2B)

SECTION 3 - Fraud Prevention/Detection and Over/Underpayment Activities: Complete this section when the county QA staff has suspected, discovered, or been given evidence of fraudulent activity for the quarter.

- 3A. **Number of Cases Identified Through QA/QI Activities Requiring Further County Review** – For each program (PCSP, IPW, and IHSS-R), enter the number of case files requiring further county review due to suspected fraud.
- 3B. **Number of Cases Identified Through QA/QI Activities Referred to Department of Health Services (DHS) for Investigation** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases referred to DHS for further investigation or suspected fraud.
- 3C. **Number of Underpayment Actions Initiated as a Result of QA/QI Activities** - For each program (PCSP, IPW, and IHSS-R), enter the total number of underpayments identified as a result of QA activities.
- 3D. **Number of Nonfraud-Related Overpayments Initiated as a Result of QA/QI Activities** – For each program (PCSP, IPW, and IHSS-R), enter the total number of nonfraud-related overpayments identified as a result of QA activities.
- 3E. **Number of Fraud-Related Overpayments Initiated as a Result of QA/QI Activities** – For each program PCSP, IPW, and IHSS-R), enter the total number of fraud-related overpayments identified as a result of QA activities.
- 3F. **Other (specify)** - For each program (PCSP, IPW, and IHSS-R), enter the number of cases reviewed for any other types of fraudulent overpayments and identify the types.

SECTION 4 - Critical Events/Incidents Identified: A critical event/incident is when there is an immediate threat or risk to the health and safety of a PCSP, IPW, and/or IHSS-R recipient. Complete this section only if any critical events/incidents, as defined here, have occurred during the quarter that you became aware of as part of your QA efforts. Complete each (A-E) that applies.

- 4A. **Number of Neglect Cases** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases that indicated neglect.

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- 4B. **Number of Abuse Cases (physical, sexual, mental, financial, exploitation)** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases that indicated abuse.
- 4C. **Number of Provider “No Show” Cases That Pose a Threat to the Health and Safety of the Recipient** – For each program (PCSP, IPW and IHSS-R), enter the number of cases that indicated a provider “no show” which posed a threat to the health and safety of a recipient.
- 4D. **Number of “Harmful to Self” Cases** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases that indicated a threat of the recipient causing harm to him/herself.
- 4E. **Other Types of Critical Events/Incidents (specify)** – For each program (PCSP, IPW and IHSS-R), enter the number of cases with any other types of critical events/incidents and identify the types.

SECTION 5 - Actions Taken on Critical Events/Incidents Requiring a Response Within 24 hours: Identify each type of case referral made and number for the quarter.

- 5A. **Adult Protective Services (APS) Referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5B. **Child Protective Services (CPS) Referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5C. **Law Enforcement Referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5D. **Public Authority (PA) Referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5E. **911 Call Center Referral** - For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5F. **Out-of-Home Placement Referral** – For each program (PCSP, IPW and IHSS-R), enter the number of completed case referrals.
- 5G. **Other (specify)** – For each program (PCSP, IPW, and IHSS-R), enter the number of any other types of completed cases referrals and identify the types.

SECTION 6 - Targeted Reviews: Targeted case reviews differ from routine scheduled reviews. Focus is limited to a single issue rather than the focus being on the consumer receiving the correct services at the level which allows him/her to remain safely and independently in his/her home. Identify the focused areas (A-M) of each targeted review and the number of cases reviewed during the quarter.

- 6A. **Timely Initial Assessments** - For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for timely assessments.
- 6B. **Timely Reassessments** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for timely reassessments.
- 6C. **Provider Enrollment Form (SOC 426)** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted cases files reviewed focusing on the Provider Enrollment Form.
- 6D. **Voluntary Services Form (SOC 450)** – For each program (PCSP, IPW and IHSS-R), enter the number of targeted case files reviewed focusing on the Voluntary Services Form.
- 6E. **Paramedical Services Form (SOC 321)** – For each program (PCSP, IPW and IHSS-R), enter the number of targeted case files reviewed focusing on the Paramedical Services Form.
- 6F. **Protective Supervision Medical Certification (SOC 821)** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed focusing on the Protective Supervision Medical Certification Form.
- 6G. **Hours Exceed Guidelines** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for hours exceeding applicable time guidelines.
- 6H. **Able and Available Spouse** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for appropriate applications of Able and Available Spouse.
- 6I. **Proration Calculations** - For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for proration calculations.
- 6J. **Services for Children** – For each program PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for services authorized appropriately for children.
- 6K. **Over-300-Hours Report** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed that were generated by a review of the Over-300-Hours Report.

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- 6L. **Recipients Advised of Availability of Fingerprinting Information on Providers** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed to identify that recipients were advised of the availability of fingerprinting of providers.
- 6M. **Other (specify)** – For each program (PCSP, IPW, and IHSS-R), enter the number of case files reviewed for any other targeted areas and identify the types.

SECTION 7 - Quality Improvement Efforts: Quality Improvement efforts identified during the quarter.
For each (A-H) check all that applies.

- 7A. **Developed QA Tools/Forms and/or Instructional Materials** – Check box if any tools, forms, and/or other instructional materials were developed for QA activities.
- 7B. **Ensured Staff Attended IHSS Training Academy** – Check box if staff attended IHSS Training Academy.
- 7C. **Offered County Training on Targeted Areas** – Check box if training was offered for county staff on targeted areas.
- 7D. **Established Improvement Committees** – Check box if QA/QI committees were established.
- 7E. **Established tools for QA/QI Fraud Prevention/Detection** – Check box if any tools, forms and/or other materials were developed for fraud prevention/detection.
- 7F. **Conducted Corrective Action Updates (Attach a brief summary)** – Briefly describe any corrective action updates developed as part of State or County QA review efforts.
- 7G. **Utilized Customer Satisfaction Surveys** – Check box if customer satisfaction surveys were utilized.
- 7H. **Other (specify)** – Check box if any other Quality Improvement efforts occurred and identify the types.